



PathologyToday[®]

ASCP's Physician Newsmagazine



Online Voting for ASCP Board of Directors

ASCP encourages all Fellows and Associates who are attending the 2006 ASCP Annual Meeting, October 18-22 in Las Vegas, NV, to cast their ballot for the Board of Directors at the Annual Business Meeting on October 19.

ASCP members who are unable to attend the Annual Business Meeting may vote by proxy for the ASCP Board of Director candidates online.

Proxy voting for Board of Directors will open October 6 at www.ascp.org/voting2006. Voting closes at the end of day, Thursday, October 12, 2006.

ASCP Fellows may only vote for Fellow candidates and Associates may only vote for Associate candidates. The votes will be tallied and presented at the business meeting as part of the overall vote counts.

Board of Directors Slate of Nominees

The Board of Directors of the American Society for Clinical Pathology recommends the acceptance of the entire

slate of the following candidates:

President Elect: Lee H. Hilborne, MD, MPH, FASCP, DLM(ASCP).

Vice President: Barbara J. McKenna, MD, FASCP

Secretary: Mark H. Stoler, MD, FASCP

Fellow at-Large: John E. Tomaszewski, MD, FASCP

Fellow at-Large: Steven H. Kroft, MD, FASCP

Associate at-Large: John R. Snyder, PhD, MT(ASCP)SH

Additional Nominations

Instructions for submitting additional nominees are also available at www.ascp.org/voting2006. The additional nominations must be received no later than **Sunday, September 30, 2006**, and must be accompanied by the signatures of 50 ASCP members who are eligible to vote. The nominations that meet these requirements will be posted along with the official slate of candidates for the Board.

ASCP Annual Business Meeting Notice Notice of Bylaws Revisions

All ASCP members are invited to the Annual Business Meeting at 12 noon on Thursday, October 19, in Las Vegas. At the Annual Business Meeting revisions to the ASCP Bylaws will be presented for a vote

by the Fellows. The revisions have been considered by the Bylaws Committee and approved by the ASCP Board of Directors.

A summary of the proposed revisions is as follows:

September 2006

Volume 3, Number 5

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ASCP President's Message



What A Year It Has Been!

vaedictory (n.) A closing or farewell statement or address

I began my year as your President with “Janusian reflections” on where the ASCP has come from and where the Board of Directors is charting its future. In each column, I emphasized who the ASCP is (Putting a Face on ASCP, 1/06; The Paradox of Strength in Diversity, 3/06), what the ASCP stands for (Issues, Values, and Policies, 2/06; Leadership, 7/06; THE Team, 8/06), the role of the ASCP in the future of the profession (May: a Month, a Request, and a Mandate, 5/06), and the role of the ASCP in promoting public health and welfare (Whom Do We Serve?, 6/06). We celebrated National Medical Laboratory Professionals Week in April. It has been a dynamic and exciting year.

The Board of Directors identified three major goals for 2006. The first was “Outreach: reaching out to our members, enhancing their already substantive image, and putting a recognizable face on the Society.” The second was “Enhance governance,” and the third was “Enhance management.” My December 2005 column detailed specific objectives for each of these goals, and I am pleased to report that most of the defined objectives were accomplished to a significant degree. The ASCP has “moved forward!”

This has been a year of firsts and precedent-setting events for the ASCP:

The endowment has been increased to 1.2 times the annual budget, reflecting a sound financial position.

Approximately 140,000 members have renewed, reflecting member loyalty.

The ASCP Resident Council published the *ASCP Pathology Resident Handbook*, conducted its annual Job Market Study, distributed subspecialty training scholarships, and formed a Resident Liaison Network.

The inaugural Leadership Exchange meeting was successful and exciting.

The ASCP entered the cytology proficiency testing market with the acquisition of the assets of the Midwest Institute for Medical Education.

The “medically unbelievable edits” proposal by the Centers for Medicare and Medicaid Services was aggressively opposed by the Society’s Washington Office in collaboration with other pathology organizations.

ASCP members presented educational programs in Ethiopia, Tanzania, and Malawi as part of ASCP’s involvement in the President’s Emergency Plan for AIDS Relief (PEPFAR).

The ASCP Board of Registry administered its first international certification exams in Korea in January 2006, and will administer exams in Hong Kong, Singapore, and the Philippines by the end of 2006.

The Society’s headquarters relocated to downtown Chicago.

Discussions for collaborative activities with the American Society for Clinical Laboratory Science, the National Credentialing Agency for Laboratory Personnel, Inc., and the Association of Genetic Technologists are ongoing.

ASCP leadership participated in face-to-face meetings with the leadership of numerous other pathology organizations (e.g., the College of American Pathologists, the American Society of Cytopathology, the Texas Society of Pathologists, the Canadian Association of Pathologists, the United States and Canadian Academy of Pathology, the Intersociety Pathology Council, the Future of Pathology Committee, the International Liaison Council of Presidents, the World Association of Societies of Pathology and Laboratory Medicine, the President’s Cancer Committee) to foster the image of the Society and to advocate for pathology and laboratory medicine.

The process for appointment of member volunteers to committees and commissions was revised and streamlined.

What a year it has been!

The ASCP Annual Meeting will be held October 18-22, 2006, in Las Vegas. It will be a tremendously valuable meeting in keeping with the ASCP’s tradition of the finest in educational programming. It also will be the venue for my transition to “immediate past president” and Dr. John S. J. Brooks’ assumption of the Presidency.

I hope to see you at this meeting so that I can add your photo to the gallery of pictures of my presidency that has been growing on the ASCP Web site all year (ascp.org/aboutus/leadership/president.aspx).

I’d like to extend a personal invitation for you to attend the 2007 ASCP Annual Meeting next October in New Orleans. I find it ironic that my first meeting as a

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ASCP Prepares Members for Maintenance of Certification

The Society's assessment and continuing medical education products are well positioned to meet the American Board of Pathology (ABP) guidelines for its Maintenance of Certification (MOC) program, Barbara McKenna, MD, FASCP, Chair of the ASCP Commission on Assessment, reported to the Board of Directors in July.

Effective this year, all primary and subspecialty certificates issued by the ABP are time-limited and expire 10 years after they are issued. Maintenance of Certification (MOC) is mandatory for newly certified diplomates and voluntary for diplomates holding lifetime certificates.

Newly certified pathologists will be required to complete 50 continuing medical education credits and

two self-assessment units every two years within the 10-year period, said McKenna. ASCP has many education and assessment products and programs that will help pathologists meet the ABP requirements.

The new ASCP MOC Committee has oversight responsibility for the Society's short-term and long-term MOC strategies, she added. ASCP is the leader in education and professional development for pathologists and has multiple venues for continuing medical education credit. Look to ASCP for all of your educational needs.

For more information on the ABP's MOC requirements, visit www.abpath.org/MOCindex.htm.

Bird Flu Teleconference for Blood Bankers

The White House, federal health agencies, and US and international medical organizations are preparing for the possibility of an influenza pandemic. The most likely culprit is Influenza A virus subtype H5N1, a deadly avian virus which now has infected over 250 humans resulting in the deaths of about half its victims with the highest incidence in Indonesia. Although it is not known exactly when the next influenza pandemic will occur it is important for blood banks and transfusion services to ready themselves for the acknowledged certainty of this event.



To aid with the development of such preparation, the ASCP will host a hot-topic audio teleconference, "Influenza Pandemic: Impact on Blood Donors and Blood Supply," on Wednesday, October 4, 2006, beginning at 1 PM CT. The teleconference faculty are Roger Y. Dodd, PhD, Vice President, R & D, American Red Cross Holland Laboratory in

Rockville, MD, and Louis M. Katz, MD, Executive Vice President of Medical Affairs for the Mississippi Valley Regional Blood Center in Davenport, IA.

This program will be of interest to pathologists, blood bank supervisors, medical technologists, medical directors, all blood bank personnel and residents. Cost is \$139 per site, for an unlimited number of participants, or \$154 to include the audio CD option. Registration deadline is September 28. To register, go to www.ascp.org/education/liveEvents/teleconferences/teleconferencesRegister.aspx.

The World Health Organization's Pandemic Preparedness Plan is available at www.who.int/csr/disease/influenza/pandemic/en/. The White House National Strategy for Pandemic Influenza is at www.whitehouse.gov/homeland/pandemic-influenza.html. For the Centers for Disease Control and Prevention's Pandemic Influenza Information for Health Professionals, visit <http://www.cdc.gov/flu/pandemic/healthprofessional.htm>.

ASCP Task Force on the ACGME Six Competencies

The ASCP Task Force on the ACGME Six Competencies held its first meeting on Thursday, July 13, during the APC/PRODS meeting in Colorado Springs. Formation of the Task Force was approved at the March 2006 meeting of the ASCP Board of Directors, following a recommendation from the ASCP Membership Commission via the ASCP Resident Council.

The charge to the Task Force is to assess the current

level at which pathology residency training programs are addressing the ACGME competencies (Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice).

The chair of the Task Force is David Lewin, MD, FASCP, Program Director, Medical University of South Carolina, Charleston.

Chair's Message, ASCP Resident Council



The Year in Review - Great Progress for Residents

The ASCP Resident Council has made several recent strides toward increased resident participation in ASCP.

For the first time, the ASCP Board of Directors has created positions on 16 ASCP committees exclusively to be held by residents. We received numerous applications for these positions from very motivated and enthusiastic residents across the nation. It was nice to see how many residents want to become involved. "Stay tuned" for details about who is selected and information about how to apply next year.

"The ASCP Resident Council has made several recent strides toward increased resident participation in ASCP." The Resident Council was also granted a position on the Fellow Council. The immediate past chair (soon to be me) will sit on the Fellow Council as an ex-officio member starting this fall. The aim is to provide input from someone who falls into that "gray area" between a resident and a Fellow of ASCP. This member in transition will share ideas to aid residents who reach that dynamic point in their professional lives. I welcome input from those of you who are in my shoes or who have completed this transition in the recent past.

The second annual round of ASCP Resident Subspecialty Grants were awarded at the USCAP meeting earlier this year. A couple of residents ran into trouble with funding while trying to set up "away" rotations – apparently a not-uncommon problem. I sent a letter to the Chair of the ACGME Pathology Residency Review Committee, asking for review of the issue of pay for residents who are away from their home institutions, and

was informed that the issue will be placed on the Committee's agenda for its fall meeting. Check out how to apply for a grant for the 2007-2008 academic year on the ASCP Web site ascp.org/careerlinks/ResidentGrant.aspx.

The ASCP Board of Directors, at the recommendation of the Resident Council, has established a new task force to work in collaboration with residency program directors and department chairs to benefit pathology resident education. It includes a resident representative, and it met for the first time at the APC/PRODS meeting in July. The task force is designed to examine the ACGME six competencies in order to aid in developing approaches to teaching and evaluation that take into account the special characteristics of pathology practice.

I am pleased to report that this year we were able to attach our Job Market Survey to the end of the ASCP RISE exam. By doing so, for the first time we surveyed all fourth- and fifth-year residents completing their residency programs. We are currently analyzing that data, and results will be posted on the Web site as soon as possible.

In closing, I want to emphasize how much of a pleasure and an honor it has been to serve as the Chair of the ASCP Resident Council this year. I have had the opportunity to meet and work with so many wonderful and talented pathologists, technologists, and ASCP staff members. I have benefited immeasurably from this memorable and educational experience. I hope that the changes made this past year will benefit all pathology residents. The Resident Council has a wonderful future. I welcome Dominique Coco, M.D., from the University of Florida, who will take over as the Chair of the Resident Council at the 2006 ASCP Annual Meeting in Las Vegas this October.

Alexandra N. Shaye, MD

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Register Now for ASCP's 2006 Annual Meeting in Las Vegas October 18-22

We've told you about the keynote presentations (May issue) and we've talked about the AP Slide Seminar (July issue). What else does the 2006 ASCP Annual Meeting in Las Vegas have to offer?

Education. Location. Excitement!

Education

There will be more than 120 enlightening courses, with five companion society programs, and much new content. There will be many interactive formats to choose from – breakfast seminars, round-table discussions, microscope and video tutorial sessions, special symposia and more. Just a sampling:

- Urologists and Gastroenterologists Want Your Money: Gray Areas of Compliance and Why You as a Surgical Pathologist Need to Care! - Robert E. Petras, MD, FACG, FASCP
- Pay for Performance and What the Feds Want Next - Robert L. Michel
- Molecular Pathology for Practicing Pathologists - Samuel A. Yousem, MD
- Colorectal Cancer: State of the Art Symposium – Robert E. Petras, MD, FACG, FASCP; Jeremy R. Jass, DSc., FRCPath; and Thomas C. Smyrk, MD, FASCP
- Stump the Stars in Surgical Pathology - David J. Dabbs, MD, FASCP; Paul E. Wakely, Jr., MD, FASCP; Noel Weidner, MD; Jan F. Silverman, MD, FASCP; E. Leon Barnes, MD, FASCP; Samuel A. Yousem, MD
- Stump the Stars in Cytopathology - Gladwyn Leiman, MD; Andrew H. Fischer, MD; Jeffrey Krane, MD, FASCP; Tarik M.

Ehheikh, MD, FASCP;
Isam A. Eltoum, MD,
FASCP

- Controversies in AP:
Soft Tissue Sarcomas -
Cyril Fisher, MD, DSc,
FRCPath, FASCP;
Elizabeth A. Montgomery,
MD, FASCP

- New Horizons in Digital
Imaging - Bruce Friedman, MD;
Lisa Duncan, MD; Donna Mulford,
CT(ASCP)HT

The Canadian Association of Pathologists will host the program and reception, "What's New in Hodgkin Lymphoma." During the reception you will have the opportunity to meet and visit with the speaker, Diponkar Banerjee, MBChB, FRCPC, PhD. Enjoy the hors d'oeuvres and meet with your colleagues from both sides of the border.

Location

What can we say about Las Vegas that hasn't already been said? It is possibly the nation's best convention site! It has everything! Great weather, world-class restaurants, exciting nightlife, first-class entertainers, terrific shopping, engaging museums, music, golf, history, and of course the casinos!

The Flamingo, home to the ASCP 2006 Annual Meeting, is rich with history. Bugsy Siegel was the impetus behind large-scale development of Las Vegas, and the Flamingo was Bugsy's "desert dream." Located in the middle of the Las Vegas strip, the Flamingo is currently known for its spectacular outdoor resort facilities, including multiple swimming pools, tennis courts, and beautiful wildlife gardens.



Excitement

If you're a gambler, you know it's the best place to have a great time, and the casinos are open 24 hours.

If you're not a gambler, there are still some must-see things in Las Vegas, many of which are free. Marvel at the musically-choreographed "water ballet" that occurs outside the Bellagio. See the pirate show at Treasure Island, with exploding canons and fireworks. Mandalay Bay has an aquarium with a live shark exhibit; and some record-breaking roller-coasters can be found at New York New York, the Stratosphere and Circus Circus.

Hoover Dam sits on the Nevada/Arizona border about 30 minutes from Las Vegas. An engineering marvel built in the 1930s, it is some 700 feet tall and about the same distance wide at the bottom.

On Thursday and Friday between 8-11 AM, the ASCP guest hospitality room will be open, with a boot camp breakfast at 9 AM Thursday. A concierge will provide insider tips and help plan activities. Be sure to register your guest for this opportunity to meet others and learn about Las Vegas.

Visit the ASCP Annual Meeting Web site for more information, or to register: www.ascp.org/annualmeeting/.



CONGRESS

GAO Releases Clinical Laboratory Report on Surveys and Oversight – Testimony on Capitol Hill Highlights Need for Reforms

The United States Government Accountability Office (GAO) has issued its long-anticipated report on the quality of our nation's clinical laboratories. The GAO study, *Clinical Lab Quality: CMS and Survey Organization Oversight Should Be Strengthened*, was also the subject of a June 27 hearing in the House of Representatives Subcommittee on Criminal Justice, Drug Policy and Human Resources. Chairman of the Subcommittee Mark Souder (R-IN) and Ranking Member Elijah Cummings (D-MD) framed the hearing in terms of the original request from Congress for a GAO report that was prompted by widespread problems in 2004 at Maryland General Hospital's clinical laboratory.

GAO Testimony

Leslie Aronovitz, the director of the GAO's Health Division presented findings and recommendations at the hearing related to serious deficiencies in clinical laboratories and the effectiveness of CLIA program oversight. Highlights of her testimony centered on the theme that Centers for Medicare & Medicaid Services (CMS) and survey organization oversight has not been sufficient to ensure laboratory quality. In particular the GAO pointed to a need for the CMS to increase compliance with the clinical laboratory testing requirements included in CLIA. The GAO emphasized the need for standardized survey findings across all types of survey organizations (e.g., state survey agencies, state CLIA-exempt programs, and private accrediting organizations) in order to improve oversight and enforce CLIA requirements.

GAO also addressed:

- Accrediting organization survey team structure, levels of training, and the appearance of conflict of interest
- Concerns about the anonymity and laboratory personnel's lack of familiarity with how to file a complaint
- A lack of sanctions for laboratories with serious deficiencies, etc.

The GAO cited CMS enforcement of the cytology proficiency testing (PT) regulations as problematic.

Aronovitz's testimony stated, "In one instance, CMS instructed state survey agencies not to cite deficiencies for Pap smear proficiency test results during the first two years of required testing..." It is unclear how GAO's criticism, coupled with the CMS position that labs and staff needed time to become familiar with the program, may affect revisions to the cytology PT regulation - specifically the frequency of intervals. (See related article under Federal Agencies).

CAP Testimony

The President of the College of American Pathologists (CAP) Thomas Sodeman, MD, testified at the hearing and emphasized recent changes to the CAP Laboratory Accreditation Program including unannounced inspections, enhanced and required training for all CAP inspectors, mandatory signage to facilitate reporting of quality complaints, strengthened conflict-of-interest policies and the development of an integrated data system to assess laboratory quality. Sodeman indicated that CAP is "...committed to the continuous improvement of our program and therefore take seriously the analysis provided in this report." Sodeman also testified that "...GAO underestimates the value of utilizing laboratory professionals in the inspection process."

JCAHO Testimony

Dennis O'Leary, MD, the president of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), focused his testimony on keeping patients safe. In a warning to the House Committee, O'Leary discussed an area that the GAO had failed to address, stating "...while the GAO's lengthy and detailed review addresses many issues associated with laboratory quality, it does not address a long-acknowledged shortcoming of CLIA requirements – the qualifications of laboratory personnel. The Joint Commission believes that the personnel standards currently required by CLIA are insufficient to adequately protect patients and public health. For example, CLIA requires only an Associate Degree and minimal laboratory training to perform tests of high complexity, and lacks personnel requirements for waived tests, which account for 81 percent of the testing that takes place in the nation's laboratories." (NOTE: A

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number of states have higher eligibility requirements than CLIA as part of their licensure programs.)

In a dramatic moment at the hearing, O’Leary warned of the dangerous combination of a laboratory personnel shortage coupled with the low level of CLIA personnel standards as a “disaster waiting to happen.” O’Leary stated that, “Today, the problems underlying failures in laboratory performance most commonly cited by experts in the field are the growing shortage of laboratory technologists and the inadequacy of their training. These shortcomings become especially glaring in the face of the expanding array and increasing complexity of laboratory tests in hospitals.”

Additional Testimony

Thomas Hamilton, director of the Survey and Certification Group at CMS, focused his response to the GAO report by outlining how the agency would respond to specific recommendations in the report. Douglas Beigel, chief executive officer of COLA, testified on recent improvements that COLA has made to its accreditation process.

ASCP Signs Onto CAP-Recommended AFIP Recommendations

ASCP signed onto a letter supporting the relocation of key components of the Armed Forces Institute of Pathology (AFIP) to the University in Bethesda. ASCP agreed with the notion that transferring the AFIP to the University will save and better integrate essential services, research and collections. The letter also stated that the relocation would have major advantages for both military and civilian medicine, as it would place the AFIP near the National Institutes of Health and the growing military healthcare center in Bethesda.

The US Department of Defense was called upon to maintain the tissue repository and its associated consultation services.

FEDERAL AGENCIES

CLIAC Committee Develops Consensus on Revised Cytology PT Regulation; ASCP Applauds Work of Committee

ASCP applauds the recent work of the Clinical Laboratory Improvement Advisory Committee (CLIAC) to revise the cytology proficiency testing (PT) regulation included in the Clinical Laboratory Improvement Amendments (CLIA) of 1988. The federal advisory committee to the Secretary for Health and Human Services convened in Atlanta on June 20-21 and suc-

ceeded in developing consensus recommendations. These recommendations will form the framework for fast-tracking a revised regulation.

At the meeting, Thomas Bonfiglio, MD, FASCP (ASCP past president and current medical director for PT), presented the ASCP advocacy position regarding revisions to the cytology PT regulation. Bonfiglio reiterated the presentation he had made at the CLIAC Cytology PT Work Group by calling for changes to the regulation, including a modified grading system and less frequent testing intervals. To further inform the committee about the logistics associated with ASCP’s PT program, Rhonda Metzler, SCT(ASCP), the Society’s senior manager for PT, outlined a variety of aspects (e.g., program statistics, validation of slides, appeals, etc) of the ASCP offering.

As the meeting progressed, CLIAC developed consensus on many of the specific recommendations of its Cytology PT Work Group. Specifically, CLIAC developed consensus on the following aspects of the regulation:

- **Grading System:** Change the grading system so that pathologists and cytotechnologists are assessed on the same scale; eliminate the “automatic” failure to distinguish between negative and HSIL.
- **Testing Intervals:** Change requirement to once every three years; emphasize the need for the field to participate in an education program in off years.
- **Testing Logistics:** Change the terminology of slides to “challenges” – in the future “challenges” would also apply to virtual slides and other approved media; increase the number of challenges to 20 for all tests; require field validation of the challenges.

The next step is for the CMS and the CDC to craft the recommendations in a proposed rule that will go through a variety of steps before it is released for public comment. The agencies are expected to expedite the process required to have the regulation formally changed.

ASCP Reiterates Demand for MUE Exemption for Pathology, Laboratory Medicine

On June 19th, ASCP wrote Dr. Mark McClellan, administrator of CMS, continuing the Society’s campaign to exempt pathology and laboratory medicine from the Medically Unbelievable Edits (MUE) initiative. The CMS proposal sets limits on the units of service that can be billed under Medicare. ASCP argued that “all units of service edits related to pathology and laboratory medicine should be stricken from this or any revised proposal.”

ASCP’s letter, signed by ASCP President Fred H. Rodriguez, MD, FASCP, and President-elect John Brooks, MD, FASCP, argued that CMS should exempt

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Outreach to Africa: Training the Trainers in Tanzania

The ASCP conducted a train-the-trainers workshop May 20-June 2, 2006, for 31 senior laboratory professionals from throughout Tanzania. The training program is an important segment of the larger initiative to help improve detection, diagnosis, and treatment of AIDS nationwide.

Participants representing Tanzania's four zones and the Zanzibar islands received training in either hematology, clinical chemistry, or CD4 testing, then learned how to teach the training they had just undergone. Five engineers participated in a one-week training program, learning to set up and maintain new instruments donated by Biocare and BD. The workshop culminated with a presentation of a roll-out plan for participants to conduct the training portion of the program to laboratory personnel in their respective zones and Zanzibar.

The ASCP conducted the program in collaboration with the US Centers for Disease Control and Prevention in Atlanta, CDC-Tanzania, the National Medical Research Institute of Tanzania, and the Tanzania Ministry of Health as part of the President's Emergency Plan for AIDS Relief (PEPFAR). The training in Tanzania was one of a number of Society outreach efforts that support laboratory training and quality improvement for diagnosis and laboratory monitoring of patients with HIV/AIDS in resource-limited countries in Africa.

"I think our training and teach-back approach went really, really

well," said Candace Golightly, MS, MLT(ASCP), Assistant Professor of Clinical Laboratory Sciences at Stony Brook University, Stony Brook, NY, who co-taught the program on CD4 testing along with Leslie A. Wolfsen, MLT(ASCP), of Children's Memorial Hospital in Chicago. "With the small groups, we were able to interact, connect, and get all the theory across. Then once we gave them some teaching skills, they were able to teach back to us the material we had given them over the first week."

Much of the curriculum addressed issues of quality control, quality assurance, and standard operating procedures, particularly in order to maintain the integrity of samples. During previous visits to laboratories in Tanzania, ASCP evaluators identified these key areas in need of improvement.

"There are things that even without a lot of resources that you can do as long as you are aware to do them," said Golightly. "They know now that no result is better than an inaccurate result."

Janice Tompkins, MPH, MT(ASCP), Assistant Professor at University of Nebraska Medical Center in Omaha, co-taught the clinical chemistry component with Perthena Latchaw, MS, MT(ASCP), MLT Program Director at Seminole State College, Seminole, OK. "I felt like I took a lot of information to them, but I came back with far more that I learned from them," Tompkins said.



"The first time I was in Tanzania, the thing I came home with was how much they could do with what little they had, and I still feel that way," she said.

The trainers said medical laboratories in Tanzania lack some basic resources, such as access to reagents and reliable electrical service. "In the time we were at the airport (in Tanzania), the power went out about five times," said Tompkins.

Bette Jamieson, MEd, MT(ASCP) SH, Educational Coordinator at Children's Hospital Pathology Department in Denver, CO, shared that sentiment. "We learned a lot about cooperation, working with one another, and doing the best we can with limited resources," said Jamieson, who taught the hematology curriculum with Marian Cavagnaro, MS, MT(ASCP)DLM, Director of Laboratory Services at Memorial Hospital West, Pembroke Pines, FL.

The Tanzanian Ministry of Health has requested that ASCP trainers be made available in-country to observe and support the success of the zonal training roll-out scheduled to begin in August.

For more information about ASCP's collaborative efforts with the Centers for Disease Control and Prevention in support of the PEPFAR initiatives, go to www.ascp.org/AboutUs/newsroom/pepfar.aspx.



Important Notice to All Employers: Certification Expiration in 2007

For laboratory professionals certified beginning in 2004, certification is time-limited for a three-year period in entry-level categories. These certifications issued in 2004 will expire in 2007. Individuals are required to participate in the Certification Maintenance Program (CMP) every three years to maintain their certification and receive a valid three-year certificate.

Time-limited certification and the Certification Maintenance Program (CMP) were developed to assure the public that ASCP-certified laboratory professionals are performing activities to stay current in their practice. In addition to traditional continuing education courses, other activities such as attaining advanced certification, authoring journal articles, preparing education workshops and other achievements also qualify for points in the program. Visit the ASCP Web site for additional information on CMP at

www.ascp.org/certification/assessmentproducts.

The CMP was expanded in 2006 and now all laboratory professionals certified by the ASCP Board of Registry beginning in January 2006 receive three-year time-limited certificates and are required to participate in CMP. Laboratory professionals certified prior to the dates indicated in the table are strongly

encouraged to participate in the program on a voluntary basis. Individuals completing the CMP will be designated with a "CM" in superscript after the ASCP designation [i.e., MT(ASCP)^{CM}].

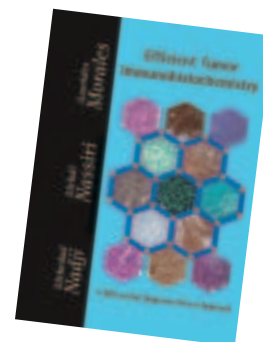
Will your employees be part of this group of distinguished laboratory professionals, dedicated to their profession and committed to maintaining their competence in laboratory testing?

Category	Time-Limited Certificate
Medical Technologist (MT)	2004
Medical Laboratory Technician (MLT)	
Phlebotomy Technician (PBT)	
Apheresis Technician (AT)	
Cytotechnologist (CT)	
Donor Phlebotomy Technician (DPT)	
Histotechnician (HT)	
Histotechnologist (HTL)	
Technologist in Blood Banking (BB)	
Technologist in Chemistry (C)	
Technologist in Hematology (H)	
Technologist in Microbiology (M)	
Technologist in Molecular Pathology (MP)	
Pathologists' Assistant (PA)	2005
Specialist in Blood Banking (SBB)	2006
Specialist in Chemistry (SC)	
Specialist in Cytotechnology (SCT)	
Specialist in Hematology (SH)	
Specialist in Laboratory Safety (SLS)	
Specialist in Microbiology (SM)	
Specialist in Virology (SV)	
Hemapheresis Practitioner (HP)	
Diplomate in Laboratory Management (DLM)	

Efficient Tumor Immunohistochemistry: A Differential-Diagnosis Driven Approach

Overwhelmed by the growing number of immunohistochemical stains available? Taking a shotgun approach to staining and diagnosis? Caught in a confusing web of "positive" and "negative" staining results?

ASCP has published a book that will help pathologists narrow their choices to markers found useful by the surgical pathology staff at the University of Miami Jackson Memorial Hospital and Sylvester Comprehensive Cancer Center. Read the full article about Dr. Nadji's new book, *Efficient Tumor Immunohistochemistry* at ascp.org/aboutus/newsroom/articles/memberUpdateArticle_NadjiBook.aspx.



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pathology and laboratory medicine services from the MUE proposal on the grounds that “the vast majority of pathology and laboratory medicine services are determined not by the pathologist, but by the ordering clinician.” ASCP wrote “from our perspective, as long as tests or procedures performed are consistent with a medically acceptable clinician order...reimbursement should be automatic.”

ASCP applauded CMS’s decision to establish an appeals process and urged the agency to allow for the use of modifiers. “Without these two key programmatic elements [the MUE] initiative is more likely to adversely affect the practice of medicine.” ASCP also chastised the agency for its poor communication with the pathology, laboratory, and provider communities. Many of ASCP’s concerns were echoed in the American Medical Association’s (AMA) recent letter to the agency. AMA wrote “for reasons that remain unclear, CMS has not been cooperative in setting realistic deadlines, providing transparent information and data on the edit development process, and providing timely and consistent information on the MUE process.” AMA urged CMS to rescind the current proposal; reissue it in revised form; provide supporting rationale and data for revised proposed edits; and improve communication regarding the initiative.

JCHAO Announces 2007 National Patient Safety Goals

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced the 2007 National Patient Safety Goals for each of its nearly 15,000 accredited programs in late June.

The 2007 laboratory-specific requirements differ from the 2006 recommendations by including:

- The extension of a requirement that accredited organizations define and communicate the means for patients and their families to report concerns about safety
 - Improve patient ID accuracy by a) using 2 patient identifiers when providing care or services, b) performing a final verification process prior to invasive procedures
 - Improve caregiver communications through a) making the person read back the order or test result, b) standardizing abbreviations, acronyms, symbols and dose designations, c) measuring and assessing the timeliness of reporting and the receipt of caregiver for critical test results and values, and d) standardizing hand-off communications, including the opportunity for caregivers to ask and respond to questions.
 - Reduce the risk of healthcare-associated infections by complying with CDC hand-washing guidelines
 - Encourage patients to get involved in their own treatment by defining and communicating ways for patients to report concerns about safety. ~

2006 Medical Student Awards for Academic Excellence and Achievement

To encourage the best and brightest medical students to select a career in pathology, the ASCP honors sophomore medical students who show the greatest general academic excellence and promise. Deserving students are nominated by their school’s Department Chair. Each winner receives a copy of the book *Quick Compendium of Clinical Pathology*, by Daniel D. Mais, MD. Published by ASCP Press in March 2005, the compendium covers issues in clinical chemistry, blood banking and transfusion practice, hematopathology, microbiology, immunology, molecular pathology, and special topics.

A complete list of the recipients of the Society’s 2006 Medical Student Awards for Academic Excellence and Achievement can be found at www.ascp.org/aboutus/leadership/awards.aspx.

ASCP Enjoys Select Company Among Medical Specialty Societies

As the leading educational society for pathologists, ASCP enjoys membership in the exclusive Council of Medical Specialty Societies (CMSS). The CMSS is unique in that its membership is limited to those U.S. medical specialty societies that represent diplomates certified by a Board recognized by the American Board of Medical Specialties (ABMS). In March 2006, CMSS admitted some subspecialty societies and organizations that have similar objectives. All the major specialty societies are represented in CMSS, and these groups represent about 630,000 physicians.

"With the rise of specialty societies and their influence, CMSS is taking on more importance," said John R. Ball, MD, JD, MACP, the Society's Executive Vice President. "Our membership in CMSS gives pathologists a voice in several larger arenas, particularly in the areas of continuing medical education, graduate medical education, and certification maintenance. CMSS is a player at the table."

Russell H. Tomar, MD, FASCP, Chair of the Pathology Department at Stroger Hospital of Cook County in Chicago, is the Society's member representative to CMSS. Senior staff who participate in CMSS activities include Ball; Suzanne Ziemnik, MEd, Senior Vice President of Education and Assessment; Kathy Mauck, Vice President of Education; and Nancie Noie Thompson, Director of Membership.

The CMSS:

- Is one of the five major parent or nominating bodies of the Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME), National Resident Matching Program (NRMP), National Board of Medical

Examiners (NBME), and the National Practitioner Data Bank (NPDB).

- Serves as an associate member of the American Board of Medical Specialties (ABMS) and as a member of the National Quality Forum (NQF). Involvement in CMSS therefore gives specialty societies input into the activities and access to membership on the governing bodies of these organizations. The CMSS's relationship with ABMS is particularly acute given the movement towards Maintenance of Certification.

- Provides opportunities for program directors, membership directors, and continuing medical education directors from the specialty societies to meet and share information on best practices.

- Gives program directors a permanent seat on the Residency Review Committee Council of the ACGME, as well as a position as an Observer, and a board position at NRMP.

- Gives continuing medical education directors an opportunity to have a positive influence on the evolution of continuing medical education and decisions of the ACCME.

An ongoing focus on continuing medical education has led to the substantial leadership role that CMSS has taken in leading the reform and repositioning of continuing medical education through the Conjoint Committee on CME, a committee comprised of members from 15 stakeholder organizations. Ziemnik is a member of the Conjoint Committee.

The CMSS also is increasingly involved in discussions around pay for performance and the scope of practice of non-physician providers. Workforce issues are actively being investigated in cooperation with the Association of American Medical Colleges (AAMC), first looking at

the actual activities of today's practicing physicians, beginning with the primary care specialists. The issue of professionalism is one that the CMSS leadership is addressing, with a particular focus on medicine's responsibility to society.

The CMSS's biannual meetings include two days of active interchange: component groups and specially convened meetings on the first day, and an increasingly issues-oriented CMSS meeting on the second day. Monthly CMSS conference calls keep both CMSS and member organizations well informed of emerging issues. Stay tuned for periodic updates on issues of concern common to pathologists and other medical specialty societies.

Does Someone You Know Deserve an Award?

Do you know someone who deserves to be honored with an ASCP Award?

The ASCP presents 4 different and unique awards to pathologists each fall during the ASCP Annual Meeting. They are:

- The Ward Burdick Award for Distinguished Service to Clinical Pathology
- The H. P. Smith Award for Distinguished Pathology Educator
- The Israel Davidsohn Award for Distinguished Service
- The Philip Levine Award for Outstanding Research

Visit www.ascp.org/aboutus/leadership/awards.aspx to download the nomination forms.

The deadline date to send nominations for 2007 awards is **September 15, 2006.**

ASCP Bylaws

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- a change to the definition of “Fellow” — the change will allow Fellow membership to physicians who are boarded by the ABP in any pathology subspecialty. Previously, only those certified by the ABP in anatomic or clinical pathology were allowed Fellow membership.
- creation of a “Master” category of membership based on length of ASCP membership, significant career accomplishments, and contributions to the Society
- the term “Member” shall be used to identify all

ASCP members now known as “Associates”

- the membership of the Associate Council would be increased from 9 to 12
- a change of the terms and the length of time to serve on the Nominations Committee to 1 year renewable twice

A detailed explanation and the specific wording of the proposed changes to the ASCP Bylaws will be published and available on the ASCP Web site in September at www.ascp.org/aboutus/leadership/. ~

President's Message

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member of the Board of Directors was held in New Orleans, I was elected Vice President at an annual meeting in New Orleans and now, my last meeting as a member of the Board will be in New Orleans.

My hometown is still recovering from Katrina, but that hasn't stopped numerous conventions from returning to the city. The restaurants, the music, the ambience, the spirit, and the hospitality of New Orleans are all back and await you. New Orleans needs and wants you to visit. Come and experience *laissez les bons temps rouler* (“let the good times roll”).

It has been the penultimate experience of my professional career to serve as your President. I have done my best to represent the ASCP and you throughout the

year. I hope my efforts have been acceptable. There are so many individuals to thank – too many to enumerate in this column – but I cannot close without acknowledging in particular the support and patience of my wife Susan. I would also not have been able to meet my many responsibilities this year without the help and guidance of my fellow ASCP Board members, the ASCP staff, and you, my colleagues in ASCP. Lastly, I must acknowledge the support from my partner pathologists and the leadership of the VA Medical Center in New Orleans.

Thank you for allowing me to be your President. Thank you for being members and supporting the ASCP. Always be proud to be a member of the ASCP. Always do your part to keep the ASCP “moving forward.” ~

Fred H. Rodriguez, Jr, MD, FASCP
President@ascp.org

Laboratory Wages and Vacancies: What We Do With the Numbers

One of the most important things ASCP does for its members is to conduct the biennial ASCP Wage and Vacancy Survey – a thorough benchmarking of key employment statistics in America's clinical laboratories.

In the decade that the Society has been querying, tabulating, and reporting on the state of the laboratorian workforce, the Wage and Vacancy Survey has come to be the reference document for educators,

employers and government. The survey helped alert the profession to the implications of a possible personnel shortfall based on retirement demographics of the workforce. And it has reflected the economic impact of technology on job titles and productivity.

The survey tracks trends by geographic regions, type of laboratory, and job category and then parses reams of complicated data into understandable prose. For the first time, the 2005

Survey contains productivity data—an important component of ASCP's ability to monitor trends in the profession.

To see the full report, see the August issue of *LABMedicine* or visit www.ascp.org/Certification/ForProgramDirectors/research/.

ASCP President Fred H. Rodriguez, Jr, MD has written an editorial which also appears in the August issue of LABMedicine that further explains why the latest Wage and Vacancy Survey is particularly significant.

ASCP Bylaws

continued from page 1

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